

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/521,565
Application Date:: 01/18/06
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?: NONE
Title:: 4-(SUBSTITUTED ARYL)-5-HYDROXYISOQUINOLINONE DERIVATIVE
Attorney Docket Number:: 264750US0PCT

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Futoshi
Family Name:: SHIGA
City of Residence:: Shimotsuga-gun
State or Province of Residence:: Tochigi
Country of Residence:: Japan
Street of Mailing Address:: 2399-1 Mitarai, Nogi-machi
City of Mailing Address:: Shimotsuga-gun
State or Province of Mailing Address:: Tochigi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 329-0100

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Takahiro
Family Name:: KANDA
City of Residence:: Oyama-shi
State or Province of Residence:: Tochigi
Country of Residence:: Japan
Street of Mailing Address:: B201, 5-12-10, Nishijyonan
City of Mailing Address:: Oyama-shi
State or Province of Mailing Address:: Tochigi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 323-0820

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Tetsuya
Family Name::	KIMURA
City of Residence::	<u>Koga-shi</u>
State or Province of Residence::	<u>Ibaraki</u>
Country of Residence::	Japan
Street of Mailing Address::	<u>7-8, Ootemachi</u>
City of Mailing Address::	<u>Koga-shi</u>
State or Province of Mailing Address::	<u>Ibaraki</u>
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	306-0032
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Yasuo
Family Name::	TAKANO
City of Residence::	<u>Kazo-shi</u>
State or Province of Residence::	<u>Saitama</u>
Country of Residence::	Japan
Street of Mailing Address::	<u>6-4-14, Kuge</u>
City of Mailing Address::	<u>Kazo-shi</u>
State or Province of Mailing Address::	<u>Saitama</u>
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	347-0063
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Jyunichi
Family Name::	ISHIYAMA
City of Residence::	<u>Saitama-shi</u>
State or Province of Residence::	<u>Saitama</u>
Country of Residence::	Japan
Street of Mailing Address::	<u>705, 2-1-8, Tokiwa</u>
City of Mailing Address::	<u>Saitama-shi</u>
State or Province of Mailing Address::	<u>Saitama</u>
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	336-0001

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Tomoyuki
Family Name:: KAWAI
City of Residence:: Shimotsuga-gun
State or Province of Residence:: Tochigi
Country of Residence:: Japan
Street of Mailing Address:: 6418-16, Tomonuma, Nogi-machi
City of Mailing Address:: Shimotsuga-gun
State or Province of Mailing Address:: Tochigi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 329-0101

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Tsuyoshi
Family Name:: ANRAKU
City of Residence:: Shimotsuga-gun
State or Province of Residence:: Tochigi
Country of Residence:: Japan
Street of Mailing Address:: 105, 64-7, Nowatari, Nogima-chi
City of Mailing Address:: Shimotsuga-gun
State or Province of Mailing Address:: Tochigi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 329-0115

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Kumi
Family Name:: ISHIKAWA
City of Residence:: Utsunomiya-shi
State or Province of Residence:: Tochigi
Country of Residence:: Japan
Street of Mailing Address:: 5-8, Futaara-machi
City of Mailing Address:: Utsunomiya-shi
State or Province of Mailing Address:: Tochigi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 320-0804

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/09332	07/23/03

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2002-214673	Japan	07/24/02	YES

ASSIGNMENT INFORMATION

Assignee Name:: Kyorin Pharmaceutical Co., Ltd.
Street of Mailing Address:: 5, Kanda Surugadai 2-chome, Chiyoda-ku
City of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 101-0062